

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2842

FILED JAN 21 1946

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 313 3rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs (Specify whether years, months or days)
In this community 12 yrs

3. (a) PRINT FULL NAME Lulu Chroninger

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alvin Chroninger 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Jan 24 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Patsy Wilson

(b) Address 1323 Harrison

17. (a) Burial (b) Date thereof 12 24 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 12-24-45 (b) R. R. Kenny
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 313 3rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1945 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 12, 1945, to Dec 18, 1945
that I last saw her alive on Dec 18, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertatic Pneumonia 3 days

Due to

Other conditions Chronic Hepatitis 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 1318

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature R. R. Kenny (M. D. or other)

Address Clinton Mo Date signed 12/24/45

120

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-43-1366

D.

1-15-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ted W. Kinson

Licensed Embalmer No.

2478

P. O. Address

Cleveland, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.